



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

May 30, 2007

Doug West, Administrator  
Idacare Inc  
PO Box 543  
Shelley, ID 83274

License #: RC-846

Dear Mr. West:

On April 20, 2007, a complaint investigation survey was conducted at Idacare, Inc.. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

*Karen McDannel, RN*

KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

May 11, 2007

Doug West, Administrator  
Idacare Inc  
PO Box 543  
Shelley, ID 83274

Dear Mr. West:

On April 20, 2007, a complaint investigation survey was conducted at Idacare, Inc.. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 20, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Simpson', written over a horizontal line.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/slc

Enclosure



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

May 11, 2007

Doug West, Administrator  
Idacare Inc  
PO Box 543  
Shelley, ID 83274

Dear Mr. West:

On April 20, 2007, a complaint investigation survey was conducted at Idacare, Inc.. The survey was conducted by Karen McDannel, RN and Debbie Sholley, LSW. This report outlines the findings of our investigation.

**Complaint # ID00002694**

**Allegation #1:** The facility is not providing enough food for the residents. Groceries are purchased early in the week and run out by Friday. Staff are bringing food from home so the residents have something to eat.

**Findings:** Based on interview with former and current staff it could not be determined staff had to purchase and bring in food because there was not enough food in the facility.

On April 19, 2007 and April 20, 2007, 5 current staff interviewed denied they had to purchase food and bring it into the facility because there was not enough food.

On April 20, 2007 at 8:15 a.m., a former staff member stated there was always enough food in the facility. She stated there was a time when a staff member purchased food and brought it into the facility, However, she stated the staff member purchased the food and brought it in because she wanted to make a special treat for the residents it was not because there was not enough food in the facility.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #2: There is not food available to make what is on the menu.

Findings: Based on interview it was determined the facility followed the menu but offered equally nutritious substitutions when they ran out of the item that was on the menu.

On April 19, 2007 and April 20, 2007 residents and staff interviewed stated there were times when the facility ran out of the main food item that was on the menu. However, they stated they were always offered an adequate substitution.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by providing equally nutritious substitutions.

Allegation #3: On February 16, 2007 an identified male resident grabbed two different identified female residents and started kissing them. This was upsetting to the female residents. Additionally, the facility did not investigate the incident or implement interventions.

Findings: Based on interview and record review it was determined the identified male resident kissed both of the identified female residents and, the facility did not investigate the incident or implement interventions.

On April 19, 2007 at 3:30 p.m., the first identified female resident confirmed the identified male resident kissed her but stated it was consensual because they were boyfriend and girlfriend.

On April 20, 2007 at 3:15 p.m., the second identified female resident confirmed the identified male resident kissed her. However, she stated that she kissed him first.

On April 20, 2007 at 3:30 p.m., the administrator confirmed the incident occurred. Additionally, he stated the facility investigated the incident but failed to document the findings of the investigation.

On April 20, 2007 at 8:45 a.m., 3 of 4 former staff members confirmed the identified male resident kissed both of the identified female residents. Additionally, they all confirmed the kiss was consensual for both identified females.

Doug West, Administrator

May 11, 2007

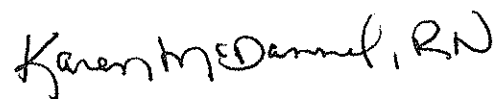
Page 3 of 3

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.01 for failure to complete written findings of the investigation. The facility was required to submit evidence of resolution within 30 days.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. and/or Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink that reads "Karen McDannel, RN". The signature is written in a cursive, flowing style.

KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

May 11, 2007

Doug West, Administrator  
Idacare Inc  
PO Box 543  
Shelley, ID 83274

Dear Mr. West:

On April 20, 2007, a complaint investigation survey was conducted at Idacare, Inc.. The survey was conducted by Karen McDannel, RN and Debbie Sholley, LSW. This report outlines the findings of our investigation.

**Complaint # ID00002721**

**Allegation #1:** Facility is not providing adequate supervision.

**Findings:** Based on observation it could not be determined the facility did not provide adequate supervision.

On 4/19/07 and 4/20/07 all residents were observed to be appropriately dressed for the weather conditions, the residents who were not at day treatment programs were watching television or busy working on private activities in their rooms. None of the residents were observed to be actively hallucinating.

**Conclusion:** Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

**Allegation #2:** Facility is not providing assistance and monitoring medications.

**Findings:** Based on interview, observation, and record review it could not be determined the facility was not providing assistance and monitoring of medications.

On 4/19/07 and 4/20/07 5 of 5 sampled residents stated they received the proper medications at the proper time.

Review of the residents' MARs and the medication blister packs for the month of April 2007 revealed the blister packs were punched according to the proper date.

On 4/20/07 at 12:00 p.m., a staff member was observed properly assisting residents with their medications and monitoring the residents to assure they ingested the medication.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #3: Facility did not maintain a 7 day supply of nonperishable food and a 2 day supply of perishable food on the weekend.

Findings: Based on observation and interview it was determined there was a 7 day supply of non perishable and a 2 day supply of perishable food available at the facility.

On 4/19/07 at 3:15 p.m., the refrigerator, freezer and cupboards were observed to be full of both perishable and non perishable foods.

On 4/19/07 and 4/20/07 current residents, current staff and former staff stated there was always enough food in the facility to prepare meals.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. and/or Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

May 11, 2007

Doug West, Administrator  
Idacare Inc  
PO Box 543  
Shelley, ID 83274

Dear Mr. West:

On April 20, 2007, a complaint investigation survey was conducted at Idacare, Inc. The survey was conducted by Karen McDannel, RN and Debbie Sholley, LSW. This report outlines the findings of our investigation.

**Complaint # ID00002952**

**Allegation #1:** There is not a 7 day supply of non perishable food or a 2 day supply of perishable food in the facility.

**Findings:** Based on observation and interview it was determined there was a 7 day supply of non perishable and a 2 day supply of perishable food available at the facility.

On April 19, 2007 at 3:15 p.m., the refrigerator, freezer and cupboards were observed to be full of both perishable and non perishable foods.

On April 19, 2007 and April 20, 2007 current residents, current staff and former staff stated there was always enough food in the facility to prepare meals.

**Conclusion:** Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

**Allegation #2:** Menus are not being followed because ingredients are not available.

**Findings:** Based on interview it was determined the facility followed the menu but offered equally nutritious substitutions when they ran out of the item that was on the menu.



On April 19, 2007 and April 20, 2007 residents and staff interviewed stated there were times when the facility ran out of the main food item that was on the menu. However, they stated they were always offered an adequate substitution.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by providing equally nutritious substitutions.

Allegation #3: Menus in the facility are not approved by a registered dietician.

Findings: Refer to the Non-Core Issues Punch List.

Conclusion: Substantiated. Based on observation and interview it was determined the facility did not have menus that were sign and approved by a registered dietician. The facility was issued a deficiency at IDAPA 16.03.22.451.01 and required to submit evidence of resolution within 30 days.

Allegation #4: Meals are not served on time.

Findings: Based on observation and interview it could not be determined meals were not served on time.

On April 19, 2007 and April 20, 2007, two former caregivers, two current caregivers and five residents were interviewed. They all stated meals were served on time.

The evening meal on April 19, 2007 and the noon meal on April 20, 2007 were observed to be served on time.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #5: The administrator is unresponsive to staff request to have food available.

Findings: Based on interview with current and former staff it could not be determined the administrator was not responsive to staff request to have food available.

On April 19, 2007 and April 20, 2007 current and former staff stated the administrator grocery shopped on Sundays. By Fridays there was still a good supply of food, but the food supply was always low on Saturdays. However, all staff interviewed stated there was always food available, and if the facility ran out of something before grocery day, the administrator would go to the store and purchase the item if it was a necessary item.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #6: Snacks are not offered.

Findings: Refer to the Non-Core Issues Punch List.

Conclusion: Substantiated. Based on observation and interview it was determined the facility did not provide or offer snacks between meals. The facility was issued a deficiency at IDAPA 16.03.22.451.02 and required to submit evidence of resolution within 30 days.

Allegation #7: Residents are not allowed to have seconds because there is not enough food available.

Findings: Based on interview it could not be determined residents were not allowed to have seconds because there was not enough food available.

On April 19, 2007 and April 20, 2007 residents stated they always received enough to eat, and if there was food left over they were allowed to have seconds.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #8: Substitutions made to the menu are not documented.

Findings: Based on review of the menus and interview with current and former staff it could not be determined substitutions that were made were not documented.

Current and former staff interviewed on April 20, 2007 stated they documented all substitutions on the menu.

Review of the current menus posted at the facility revealed all substitutions that were made were documented on the current menu.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #9: Staff are not trained on how to handle the residents' behaviors.

Findings: Refer to the Non-Core Issues Punch List.

Conclusion: Substantiated. Based on interview and review of staff training records it was determined staff did not have specialized training on how to intervene with resident behaviors. The facility was issued a deficiency at IDAPA 16.03.22.630.02 and required to submit evidence of resolution within 30 days.

Allegation #10: There is not enough staff to meet the residents' needs.

Findings: Based on interview with residents, current caregivers and former caregivers it could not be determined there was not enough staff to meet residents' needs.

On April 19, 2007 5 residents identified as having night needs were interviewed. They all stated caregivers were able to meet their needs. Additionally, they stated they could not remember a time when they were left in soiled clothing or bedding.

On April 19, 2007 and April 20, 2007, two former caregivers and two current caregivers were interviewed. They all stated there is usually one caregiver on per shift and they had no problem making sure resident needs were met. Additionally, all caregivers interviewed were able to identify each resident that required night needs and exactly what those night needs were.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #11: Background checks have not been completed on staff.

Findings: Refer to the Non-Core Issues Punch List.

Conclusion: Substantiated. Based on review of personnel records and interview with the administrator it was determined the facility did not assure 5 of 5 staff reviewed had criminal background checks completed. The facility was issued a deficiency at IDAPA 16.03.22.730.01.g and required to submit evidence of resolution within 30 days.

Allegation #12: Staff work alone and are not certified in CPR, first aid, or assistance with medication.

Findings: Refer to the Non-Core Issues Punch List.

Conclusion: Substantiated. Based on review of personnel records and interview with the administrator it was determined the facility did not assure all staff who assisted with medication were certified to do so. Additionally, the facility did not assure all staff who worked alone in the facility were certified in CPR and first aid. The facility was issued a deficiency at IDAPA 16.03.22.645 and IDAPA 16.03.22.730.01.f and required to submit evidence of resolution within 30 days.

Allegation #13: Staff are not up and awake to assist residents identified as having night needs.

Findings: Based on interview with residents, current caregivers and former caregivers it could not be determined there was not enough staff to meet residents' needs.

On April 19, 2007 5 residents identified as having night needs were interviewed. They all stated caregivers were up and awake at night to assist them with any needs they might have.

On April 19, 2007 and April 20, 2007, two former caregivers and two current caregivers were interviewed. They all stated there is usually one caregiver on per shift and they had no problem making sure resident needs were met. All caregivers interviewed were able to identify each resident that required night needs and exactly what those night needs were. Staff stated they were not allowed to sleep at night.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #14: Latex gloves and medication dispensing cups are unavailable to assist with medications.

Findings: Based on observation it was determined medication dispensing cups and latex gloves were available at the facility.

On April 20, 2007 medication dispensing cups and a box of latex gloves were observed on top of the medication cart.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #15: Blister packs are not being utilized correctly to keep medication assistance organized and well documented.

Findings: Based on observation it could not be determined the facility did not correctly utilize the blister packs.

Observation of the medication blister packs and the MARs for the month of April 2007 revealed all the blister packs were punched out according to the date.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #16: The facility does not have policy and procedures in place regarding the admission of sex offenders.

Findings: Based on interview with residents, current caregivers and review of facility policies and procedures it was determined the facility had a policy regarding the admission of sexual offenders.

On April 19, 2007 5 residents interviewed stated they were notified the facility had admitted a resident who was a sexual offender.

On April 19, 2007 and April 20, 2007, two former caregivers and two current caregivers were interviewed. They all stated there was a policy that informed residents the facility admits residents with a history of sexual offending.

Review of facility policies and procedures revealed a policy which stated residents must be notified immediately if a resident is admitted that has a history of sexual offending.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #17: The facility does not investigate incidents and accidents or notify the appropriate agencies of reportable incidents.

Findings: Refer to the Non-Core Issues Punch List.

Conclusion: Substantiated. Based on review of incident and accident reports and interview with staff it was determined the facility did not assure all incidents and accidents were investigated, or notify the Department of reportable incidents. The facility was issued a deficiency at IDAPA 16.03.22.350.07 and required to submit evidence of resolution within 30 days.

Allegation #18: Residents are not receiving the appropriate amount of spending money.

Findings: Based on observation and interview it could not be determined the residents were not receiving the appropriate amount of spending money.

On April 19, 2007 at 3:15 p.m., an identified resident stated she was not getting all of her monthly spending money. She stated she was suppose to receive \$65 to \$70 per month but for the past few months she had only received \$40.

On April 20, 2007 at 8:45 a.m., a former staff member stated she was not aware of a time when residents did not receive their monthly spending money from the administrator. However, she stated the identified resident broke the glass of the picture window so the administrator charged the identified resident for the repair cost.

On April 20, 2007 at 12:15 p.m., the administrator confirmed the identified resident was responsible for breaking the glass in the picture window. However, he stated he was not taking money out of the resident's monthly spending allowance to pay for it.

On April 20, 2007 at 12:30 p.m., a safe was observed to contain the residents' funds as well as a log of the debits and credits for each resident with the residents' signature by each entry.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #19: The facility is not maintained in a safe and sanitary manner. The back door does not have a door knob and the wind blows the door open, and the glass top range has a crack in it.

Findings: Refer to the Non-Core Issues Punch List.

Conclusion: Substantiated. Based on interview and observation it was determined the facility did have a glass stove top with a crack in it. Additionally, the administrator confirmed there was a time when the back door did not have a doorknob. The facility was issued a deficiency at IDAPA 16.03.22.260.06 and required to submit evidence of resolution within 30 days.

Allegation #20: The telephone service was turned off and there was no backup phone to use in case of emergency.

Findings: Based on interview with the administrator and review of telephone records it was determined the phone was turned off for a few hours on March 5, 2007, and there was no backup phone to use in case of emergency.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by assuring the phone service was turned back on the same day.

Allegation #21: Staff had to purchase and bring food in for the residents because there was not enough food in the facility.

Findings: Based on interview with former and current staff it could not be determined staff had to purchase and bring in food because there was not enough food in the facility.

On April 19, 2007 and April 20, 2007, 5 current staff interviewed denied they had to purchase food and bring it into the facility because there was not enough food.

On April 20, 2007 at 8:15 a.m., a former staff member stated there was always enough food in the facility. She stated there was a time when a staff member purchased food and brought it into the facility. However, she stated the staff member purchased the food and brought it in because she wanted to make a special treat for the residents it was not because there was not enough food in the facility.

Doug West, Administrator

May 11, 2007

Page 8 of 8

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. and/or Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink that reads "Karen McDannel, RN". The signature is written in a cursive, flowing style.

KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

RECEIVED ASSISTED LIVING  
MAY 21 2007 Non-Core Issues  
Punch List

FACILITY STANDARDS

Facility Name <i>IDAcare West</i>	Physical Address <i>1005 Airport Road</i>	Phone Number <i>(208) 785-8998</i>
Administrator <i>Doug West</i>	City <i>Blackfoot</i>	ZIP Code <i>83221</i>
Survey Team Leader <i>Karen McDannel</i>	Survey Type <i>Complaint Investigation</i>	Survey Date <i>4/20/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
✓ 1	625.01	The facility did not assume all employees had 16 hours of orientation training within 30 days of hire	5-2-07	Kn 5/23
2	630.02	The facility did not assume all staff had specialized training in mental illness within 30 days of hire	5-2-07	
✓ 3	645	Staff assisted with medications without successfully completing a Board of nursing approved medication assistance course	5-2-07	Kn 5/23/07
✓ 4	730.01g	Criminal history was not completed for 5 of 5 staff members	5-5-07	Kn 5-23-07
✓ 5	730.01f	CPR & first Aid was not current for all employees who worked alone in the facility	5-2-07	Kn 5-23-07
6	157.02	There was not documented evidence of nurse delegation to staff for medication or treatments	5-2-07	Kn 5-23-07
✓ 7	300.02	The facility did not have an RN available to address, review & implement new orders	5-10-07	Kn 5-23-07
8	350.07	The facility did not inform BFS of reportable incidents	5-2-07	Kn 5-23-07
Response Required Date <i>5-20-07</i>			Signature of Facility Representative <i>Doug West</i>	
			Date Signed <i>4-20-07</i>	





**BUREAU OF FACILITY STANDARDS**  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

## ASSISTED LIVING

### Non-Core Issues

### Punch List

Facility Name	Physical Address	Phone Number
<b>IOACare West</b> Administrator	1005 Airport Road City	(208) 785-8978 ZIP Code
<b>Doug West</b> Survey Team Leader	Blackfoot Survey Type	83221 Survey Date
<b>Karen McDannel</b> <b>NON-CORE ISSUES</b>	Complaint Investigation	4/20/07

## NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed \_\_\_\_\_

5-20-07

Long West

4-20-07